To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MINICIPALITY I	Section 12 of the Wisconsin Constitution and S.9.10 of the V			PO Bo
TAE MONICIPALITY (	ISED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	Y OF RESIDENCE, IS NOT SUFFICIENT. BE LISTED.		Madis
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
Sign: Steven St. Louis Sign: Steven St. Louis 2.	Street: 3110 West. Minnesota Ave	□ Town □ Village □ City	// /// /20_// (Month) (Day) (Yeur)	Email  551  Phone
Print: Jeffrey Arnold Sign: Sign: Suffey Audil	Street: 2812 Sussex Lane  City: Waukesha zip: 53188	Town Village City  Wavkesha (Municipality Name)	U / U/20_U (Alonth) (Dây) (Yenr)	Phone
Print: Authory E. Gierczak Jr Sin Anthon E. Grangel R	street: 11005 W. Coldspring Pd	Town Village City  (Municipality Name)	(1)/(6/20 <u>11</u> (Month) (Day) (Year)	Phone
Steven Maier Stewn Maier	Street: 10078 S. 315TST  City: Franklin 21p: 53132	Town Village City  Franklin  (Municipality Name)	11 / 16/20/11 (Month) (Day) (Year)	Email Phone
sign: Sure Siwczyk  Sign: Sure Siwczyk	Street: 15195, 2212 STR.  City: Milwarkel Zip: 53204	Town Village City  Milwauk el  (Municipality Name)	1 /5/2012 (Month) (Day) (Year)	Phone
I. Mark Terke (Printed Name of Circulator)	Certification of Circulator (certify): I reside at 2/87 N - 53+ (Circulator's Residence - Street Name and Nu	ST Milwa mber) (Circulator Muni	ukee cipality)	Circulato Please includ
		The state of the s		Phone

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.10(1). Wis. Stats.

(Month) (Day) (Year) (Signature of Circulator)

Page No. 151851

Return

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

	Section 12 of the Wisconsin Constitution and S.9.10 of the V			PO Bo
THE MUNICIPALITY U	ISED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	Y OF RESIDENCE, IS NOT SUFFICIENT. BE LISTED.		Madis
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
Sign: Amy Book	street: 6100 Weg State St. apt 734  City: Wallwato8a zip: 53213  7600 WMADISON	Town Ullage City  (Municipality Name)	1 / 18 20 <u>//</u> (Month) (Day) (Year)	Email O bo
Print: TY NONE REDUCED  Sign: TY OMO POLICE  3.	Street:  City:WESTAWS Zip: 58214	□ Town □ Village ❷ City ■ ST MUS (Municipality Name)	11/8/2011 (Month) (Dáy) (Yenr)	Email Phone
Sign: Cara Dombkowski	Street: 20169 n fraclerick  S3211  City: Milwarkee Zip: 1921	Town Dyillage City  Milwaytee (Municipality Name)	(Month) (Day) (Yenr)	Phone
Print: Kevin Kline	street: 17936 W. Royers Dr.  City: New Berlin zip: 53146	Town   Village   Village	t 1 / 18/20/1 (Nionth) (Day) (Year)	Phone
Sign: Line Sung	Street: 2038A N 56454.	Town Village City (Municipality Name)	[1/18/2011 (Manth) (Day) (Year)	Phone
I. Mark Tesk &  (Printed Name of Circulator)	(certify): I reside at 2/87 N-53-0 (Circulator's Residence – Street Name and Nu	15T Milwau (Circilator Munic		Circulato

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month) (Day) (Year)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Rebekah Stollenberger Stollenberger 2.	city: Warratoso zip: 53226	Town Village Village Village (Municipality Name)	11/18/2011 (Month) (Day) (Yeur)	Email Phone
Sign Lawra Ellesea	Street: 5619 W Cleveland Ave City: Milwanker zip: 53219	Town Village Scity  (Municipality Name)	1 /20 20 11 (Month) (Dây) (Yeur)	Email  Hone
sign: John Cleason Esh	street: 1655 N. Arlington fl.  City: Milwonker zip: 53202	□ Town □ Village □ City   M;   Woulce (Municipality Name)	11/20/20 <u>11</u> (Month) (Day) (Year)	Phone (4
Margaret Gleason Sign: Margaret Gleason	Street: 6430 W. Freistadt Rd City: Mequon 21p: 53092	Town Uvillage XCity  Megyon (Municipality Name)	[1/21/20 <u>1</u> [(Month) (Day) (Yenr)	Email Phone
sign: MARY SYSTEM  SY	street: 1655 D. Arlington Pl.	Town M.5.  City Milwaykes (Municipality Name)	\\\/21/2011 (Alonth) (Dny) (Year)	Email  Mail  Phone
1, Mark Jeske (Printed Name of Circulator)	(certify): I reside at 2/87 N - 53 v d 4 (Circulator's Residence - Street Name and Nu	Milwau unber) (Circulator Muni	Kee	Circulato Please includ

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(Day) (Year)

(Signature of Circulator)

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Town
Village
City

NAME OF VOTING

MUNICIPALITY OF RESIDENCE

(Also Indicate Town, City, or Village)

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DATE OF SIGNING

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes. THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

STREET & NUMBER OR RURAL ROUTE

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NAME & SIGNATURES OF ELECTORS

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1	Certification	of Circulator		<u></u> L	
	(certify): I reside at S JANE		MAZOMAI	UIE,	Circul
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I personally circulated this recall petition and personally on named in this petition. I know that each person signed the	obtained each of the signatures on this paper. I know paper with full knowledge Aits content on the dat	that the signers are electors of the juris	diction or district represented by the	officeholder	
named in this petition. I know that each person signed the recall petition. I am aware that falsifying this certification	is punishable under S. 12 13(3)(a), Wis. Stats.		F===========	. r support this	En
$\frac{1}{\text{(Month)}} / \frac{1}{\text{(Day)}} / \frac{20}{\text{(Year)}}$	- JKV-	<del></del>	Page Novog 554	nly)	1
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1.  Print: MAY VEL REISCHL  Sign: Marwel Beischl	Street: 100 COUNTST APT1004	□ Town □ Village ② City  ○ City (Municipality Name)	01/09/20 <u>19</u> (Month) (Day) (Year)	Ph
2. Print: Tara Gutierrez	chy: Ostikosh WI zap: 54961  Street: Fos madison St #4	(Municipality Name)  ☐ Town ☐ Village  \$\forall City	14/2012	En
Signi Jara Theney	City: Oshkosh Zip: 54901	Oshkosh (Municipality Name)	0/ // /20/2~ (Month) (Day) (Year)	Ph. (C
sur Ronald Hale	Street: 720 Spruce St.  54986 Chy: Winneconne zup: WI	Town Village City (Municipality Name)	0/ /11/2012 (Month) (Day) (Year)	Ph (C
4. Print:	Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20	Er Ph
5. Print:	City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20	En
Sign:	Certification of Circulator	(Municipality Name)	(Month) (Day) (Year)	
I Der Mane C Stages (Printed Name of Circulator)	(certify): I reside at 6 488 5 Hwy H C (Circulator's Residence - Street Name and Nu	umber) (Circulator Muni	cipality)	Circulo Please inc

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under £12.13(3)(a), Wis. Stat

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madiso
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Emily Eck Sign: Jan	street: 2/655.60th #4  city: West Allis 21pt \$532-19	Town Village Ciry  West Allis (Municipality Name)	12/7/2011 (Month) (Day) (Year)	Email  CC  Phone
2. Print: Morgaret Lancolat sign: Morgaret foncelot	street: 2553 S. Howell Are  City: Milwanker WI zip: 53207	Town Village City  M; /wonkee (Municipality Name)	/2/12/20_// (Mouth) (Day) (Year)	Phone (
3. Print: Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	//20(Month) (Duy) (Year)	Phone
4. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Mouth) (Day) (Year)	Phone (
5. Print: Sign:	Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Email
Vancessa L. Llongs	Certification of Circulator certify): I reside at 4131 W. Martin De.	203 Milmanua		Circulator:

	(1 , 5122	ica irana oj	Circulator)		(Circulator s Resid	ence – sireei	THEIRE LINE THEIRDET J	(Circulator municip	nuisy)
personally c	irculated th	nis recall petiti	on and personally obtain	ned each of the si	ignatures on this paper. I l	know that the s	igners are electors of the jurisdi	iction or district represented by the	officeholder
amed in this	petition, I	know that eacl	person signed the paper	er with full know	ledge of its content on the	date indicated		ow their respective residences given	
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(Month) (Day)

(Signature of Circulator)

Phone

Please include you

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes

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	section 12 of the wisconsin Constitution and 5.9.10 of the v			PO Box 2 Madison,		
THE MUNICIPALITY U	THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	cor		
1. Art Gerhardt Sign: Art Gerhardt	Street: W7142 Explorer Dr.  City: Fondolulac zip: 54937  Street: 1740 Lambard Ave	Town Village City  (Municipality Name)	12/9/20/1 (Month) (Day) (Year)	Phone (920		
Sign:	street: 1740 Lambard Ave	Town Village CXCity (Municipality Name)	(Month) (Day) (Year)	Shein Phone (920		
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(Printed Name of Circulator)	certify): I reside at Circulator's Residence – Street Name and Nur	· · · · · · · · · · · · · · · · · · ·	pality) \ F	Circulators,		
I personally circulated this recall petition and personally ob- named in this petition. I know that each person signed the precall petition. I am aware that falsifying this certification is	tained each of the signatures on this paper. I know that the signers are elector aper with full knowledge of its content on the date indicated opposite has or Is s punishable under S.12.43(3)(a), Wh. Stats.	rs of the jurisdiction or district represented by the her name. I know their respective residences give	officeholder n. I support this	(920 Email		

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
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1. Brent Roper Sign: Brent Roper	Street: 603 Janesville St City: Oregon Zip: 53575	□ Town By Village □ City  ○ ↑ ( 1) ↑ 0 ↑	1) /21/20 <u>11</u> (Month) (Day) (Year)	Phone	
Print: Rolest Rojes Sign: Rate Ray	city: Orlgon zip: 53575  Street: 003 Jane Sville St  City: Oregon zip: 63575	☐ Town  Mak Village ☐ City  (Municipality Name)		Email Phone	
3. Print: Deanna Udelhofen Sign Deanna Wellofen		□ Town □ Village ■ City  Lancaster (Municipality Name)	11/23/20 <u>11</u> (Month) (Day) (Year)	Phone	
sign: Keith Treat	Street: W3586 Buol Rd.  City: Belleville Zip: 53508	North City   Selection   Se		Email Phone	
5.  Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20 (Month) (Day) (Year)	Email Phone	
I, Jesse Allhands (Printed Name of Circulator)	Certification of Circulator  (certify): I reside at 190 Prairie View 54  (Circulator's Residence – Street Name and Num	Village of Overon (Cikenlator Munic		Circulators, Please include your of	
I personally circulated this recall petition and personally obtourned in this petition. I know that each person signed the personal petition. I am aware that falsifying this certification is the personal petition. I am aware that falsifying this certification is the personal petition. I am aware that falsifying this certification is the personal person		ors of the jurisdiction or district represented by the her name. I know their respective residences given the properties of the properties	he officeholder ven. I support this	Email	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	СО	
1. Print: MISMEEN Pasha Sign: Opposite	street: 404 Whispering pines war city. Ftchburg, Wi zip: 53713	Town Village City (Municipality Name)		Phone (	
Print: Larry Pasha Sign: L. Palla	Street: 201 N. High Point Rd  City: Madeson zip: 53717	Town Village City  (Municipality Name)	U \$3/20 <u>[</u> ] (Month) (Day) (Year)	Phone (	
3. Print: HABSIN PADISA Sign: All	STORE SON GAST BUSE	Town Village City  (Municipality Name)	11/23/20 <u>11</u> (Month) (Duy) (Your)	Phone	
4. Teszene Fields Print: Jusque Fields Sign:	city: MADISON 73p: 57704  Street: 4622 Treichel ST.  City: Madroon 74p: 53218	Town Madison   Village City (Municipality Name)	((/24/2044 (Month) (Day) (Year)	Email Phone	
5. Print:	Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone	
I. Semmi Pasha (Printed Name of Circulator)	Certification of Circulator  Certify): I reside at Circulator's Residence - Servet Name and Nu	mber) (Circulator Muni	5 3764 (cipality)	Circulators, Please include you	

natures on this paper of know that the signers are electors of the jurisdiction or district represented by the officeholder dge of its contempon the date indicated opposite his or her name. I know their respective residences given. I support this I personally circulated this recall petition and personally obtained each of the signal named in this petition. I know that each person signed the paper with full kn recall petition. I am aware that falsifying this certification is punishable under \$.12.13(3)(a). Wis: Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

Walker from office pursuant to Article XIII, S	section 12 of the Wisconsin Constitution and S.9.10 of the W	Visconsin Statutes.		PO Bo
THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	OF RESIDENCE, IS NOT SUFFICIENT. BE LISTED.		L
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1. Print: William Sterna Sign: AMM Florid	Street: 409 Parveling St. #3  City: MAD 401, W. Zip: 53704	Town Village City  (Municipality Name)	// // // 20 // (Month) (Day) (Year)	Phon (6
2. Print: James Sterna Sign: James Matthews	Street: 5733 Kroncke Dr City: Madison, WI zip: 53711	Town Village City  (Municipality Name)	11 /24/20 11 (Month) (Day) (Year)	Phor (C
3. Print: Tyler Gallaway Sign: Tyle Hallyay	street: 225 DeMils Way  City: Madison zip: 53718	Town Village City (Municipality Name)	(Nionth) (Day) (Year)	Photo (6
4. Print: Dan W. Gr. Ff. H. Sign: Dan W. J. Liffed	317/2 N. Rutland Ave.  Street: Brooklyn, WTS. zip: 53521	□ Town  Village □ City  City  Municipality Name)	1-/14/20_12 (Month) (Day) (Year)	Pho ( (
5. Print:	Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20 (Month) (Day) (Year)	Pho (
	Certification of Circulator		<u> </u>	
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· •	obtained each of the signatures on this paper. I know that the signers are electred paper with full knowledge of its content on the date indicated opposite his or its punishable under S.12.13(3)(a), Wis. Stats.	ors of the jurisdiction or district represented by th	Only)	(6 Emai

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR F Rural address must also inclu		VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Miyad Salari-Shad	of Med. M.	street: 1070 Reddy  City: Platteville	2ip: 53818	own mage Plateville	1 /13/20 12 (Month) (Day) (Year)
Miyad Salari-shad Chill Kiana Rafienejad	Rafienejadik.	on 1070 Reddy T	Drive 01	Town Gillage Platteville	1 /13/2012 (Month) (Day) (Tear)
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ERIK BZL		n of Circulator ertify): I reside at 344	W Payton	ST #1501 Ma	dison

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THE MUNICIPALITY USED FOR MAILING	nstitution and S.9.10 of the Wisconsin States Purposes, when different than municipally	utes. TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Louis Boweshe	Juni Bote	Street: 2628 State Hwy 4Z City: Manifewoc Zip: 54220	Town Village Manifowoc	1Z/7/2011 (Month) (Day) (Year)	Email Phone (
Keith Kugler	Keit Kuzle	Street: 1802 S. 25th St. City: Manitowac Zip: 54220	□ Town □ Village Manitowo C. ☑ City	12/7/20_1/ (Month) (Day) (Year)	Email Phone
3. Claude Conter	Olaide Conter	street: 5112 Danmar Rd city: Whitelaw zip: 54247	D'Village Kossuth	12/7/2011 (Month) (Day) (Year)	Email Phone
4. Andrews.Blatz	andrew P. Blot	Street: 1834 Platt St. City: Manitowoc Zip: 54220	Town Uvillage Manitowoc	(Month) (Day) (Year)	Email Phone
5. Eric K Maisner	Enest growener	Street: 7 4/16 Homestry Fo	Drown Manifouroc Otiv Rapids	7/20// (Month) (Day) (Year)	Email Phone
6. Stere Schenian D.	MR DOQ	street: 16118 W. Hr/1crest Rd  City: ReedSville zip:54230	Town Reedsville City Reedsville	12/9/20 <u>11</u> (Month) (Day) (Year)	Email Phone
7. Tra, fischer	The	Street: 952 5. 20 City: Maniforma WI zip: 54220	Town Village Man towoe	12/9/2011 (Month) (Day) (Year)	Email Phone
8. JAY GOODMAN	Day Loodman	Street: 1624 Hillcrest Or. City: Mtwc zip: 54220	□ Town □ Village ▼City	/2/13/2011 (Month) (Day) (Year)	Email Phone
9.		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
10.		Street:  City: Zip:	☐ Town ☐ Village ☐ City	//20(Month) (Day) (Year)	Email Phone
Jonathan Juna	Certification (certification)	I to the second	Manito	WOC	Circu

	10.	Street:		☐ Town ☐ Village	/ /20
		City:	Zip:	☐ City —	(Month) (Day) (Year)
•	T. H. T.	Certification of Circulator	1/21 N/14 CF	M L	
I, _	Uonathan Uung (Name of Arcul	, (certify): I reside at	(Circulator's Residence - Street name an		Municipality)
I pe	rsonally circulated this recall petition and personally obta	nined each of the signatures on this paper. I know that the signers are electors ated opposite his or her name. I know then respective residences given. I sup	s of the jurisdiction or district represented by the	ne officeholder named in this petition. I know	that each person signed
_	1 14 120/2	(Stylature Circ	<u> </u>		151812
	(Month) (Day) (Year)	y y manufacture of the	uiator)	#	701002
			<b>®</b>		

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes

THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Mark L. Pringle	mhf	street: 25/ E. Main St. City: Chi-Iton Zip: 530H	Town Uyillage City Chiton	01/13/20 <u>12</u> (Month) (Day) (Year)
Leslie E. Corbin	Seslie Elosba	Street: 827 Indian Creek Dr. CHY: Manitowac Zip: 54220	Town Wanitowa	0//4/202 (Month) (Day) (Year)
Timothy P. Corbin	Tis Plost	Street: 827 Indian Creek Dr. City: Manitomoc zip: 54220	□ Town □ Village  SCity Manitowoc	01/14/20 <u>12</u> (Month) (Day) (Year)
Alam Richter	Oblom Kendler	Street: 3/3/500thboookcf	Town Ware Howar	1 /14/20 <u>13</u> (Month) (Day) (Year)
Bree A.L. Richter	1 Della	Street 3131 Southbrode Could Hot. 1109 City: Maritaina zip. 54220	Town Village Manitowoc	14/2012 (Month) (Day) (Year)
Havin Brun		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
MARVIN BRAUN	Marvi Braun	Street: 1260 LAKE CATO Dr City: REEDSVI/1E Zip: 54230	™Town □ Village CA to	(Month) (Day) (Year)
KAY BrAUN	Lay Brown	Street: 1260 LAKE CATO Drive  City: Reeds ville zip: 54230	ØTown □ Village □ City □ C → + ▷	1 / 14/20 <u>12</u> (Month) (Day) (Year)
Connie Casper	Connie Cosper	Street: 3122 Lind bergh Dr City: Manitowac zip: 54220	Town Village Manitowoc	1/14/20 <u>12</u> (Month) (Day) (Year)
JOSEPH MEDL	Josh Mill	Street: 206 N CALUMET DR City: VALDERS zip: 54245	□ Town  Svillage □ City  City	//4/20 <u>12</u> (Month) (Day) (Year)
Sherrie Fran	Certification of the control of the	·	lf Manito	WOC

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her purple. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Page No. 151863 #\_\_\_\_\_

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Sandra Roeck	Sandra & Roeck	street: 319 Fremont St.  City: Kiel zip: 53042	Town Utillage	////6/20// (Month) (Day) (Year)
Sandra Roeck Any Zimmuman	az 2. Zimnuman	Street: W# W9288 Lefeber Ct, City: St. Cloud zip: 53079	STown   City   Cussell	it /30/2011 (Month) (Day) (Year)
bretchen Tompson	Sandra & Rock ay 2. Zimmuman Getchen L. Jompson	Street: 2011 Markham St.  Chy: Manitowoc zip: 54220	Town Uvillage  City Mani towe	1 / 4 / 20 <u>12</u> (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)

(Name of Circulator)

(Circulator's Residence – Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Signature of Circulator)

(Signature of Circulator)



of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

THE MUNICIPALITY USED FOR MAILING	FPURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TTY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUI	VOTING	S BE EISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Sarah Arenz	Sarah arens	street: 19505 Baer Road City: Valders zip: 54245	Stown City Eaton	11/22/2011 (Month) (Day) (Year)
JAMIE ARENZ	Jo-A-	Street: 19505 BAER ROAD  City: VAlders zip: 54245	MTown □ Village □ City □ CA +0 N	11 /22/20_11 (Month) (Day) (Year)
Dave Arenz	Nau Cur	Street: 86 R.v. 7 11'ew  City: Kiel W: Zip: 5304	Town Village	// /2420_// (Month) (Day) (Year)
	Paula arenz	Street: Ble River View Rd City: Kiel WZ zip: 53042	Town Village City Kiel	// 22/20_// (Month) (Day) (Year)
Taula Anenz heresa Brosnan Schuler	Therese tro Sende	Street: 10733 breendale Rd  City: Live W/ Zip: 53242	Town Village Scaleswig	/ /7/20/2 (Month) (Day) (Year)
		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street:  City: Zlp:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
0.		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
S sach and	Certification		and Fato	· ·

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the paper with full knowledge of its content on the date indicated opposite his other name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator) (Day) (Year)

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALE	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Kristine M. Jaeckel	Listine M Jackel	Street: 579 Broadway St ON: Kiel WI 210:53042	□Town □Village PCity Kiel	[ / 1 [ / 20 12 (Month) (Day) (Year)
	Julius Siech	Screet: 35/4 Gregory Dr.	Town Village City Sheboygan	/ // /20 <u>12</u> (Mansh) (Day) (Year)
3. MAKK LAPEAN	Mark & Lakan	Street: N4020 VANTreeck TRAIL Chy: SHEBOYEAN FALLS 24: 53085	Stown Uvillage City	[Month] (Day) (Year)
To John La Pean	Joseph Jo	Sheberyan Falls, D.B. WI SOKE	D'Oly City C'MA	1 /17/20/2 (Month) (Day) (Year)
MARION GRAUMANN	Marion Daumann	Screet: N 6653 Rio RD  Chy: SHEBSY6AN FA-115 251: 53085	DXTOWN D Village D City SHEBOY GAN FAHIS	/ / / / 20_12 (Mouth) (Day) (Year)
Steve Gramam	Stew Graman	Street: N6653 Rio Ro Cay. Sheboyan Fallini 210: 53655	Grown Shekes gangle United Falls	) / /1/20/2 (Month) (Day) (Year)
DARRELL STRYSICK	Devera Strepter	Street: W4138 5t. AD.28.  ONY: Sheboy gon Falls, W720: 53085	DTown D.B. DVillage Shehoygan Falls	///20 <u>/2</u> (Month) (Day) (Year)
DONALD SCHOITZ	0 0000	Street 436 Fand du fac Clue	D Town D Village She boygan Falls EXCity	1 / 11/20 <u>12</u> (Mossich) (Drey) (Year)
RUTH C, RUSSELL	Ruthe CRussell	Street: 820 N 9 Th APT, 104 City: 5HE BOYGAN 220: 5308	D Town D Village A City Shebaygan	1 / [ ] / 20/2 (Minuth) (Day) (Year)
o. Michael Shapi	o MI	Street: 6830SUNS et Rd. City: Rohler Zip: 5'3049	Down Village City Content	/ /// 20 <u>/2</u> (Month) (Day) (Year)
	Certification o			
Dave Boucher  (Name of Circula  ally circulated this recall petition and personally obtain  by with full knowledge of its content on the date indicates  with full knowledge of its content on the date indicates.	<i>ator</i> ) ined each of the signatures on this paper. I know that th	fy): I reside at	officeholder named in this petition. I know the	at each person signed
/ / // /20 /2		<i>/ • • • • • • • • • • • • • • • • • • •</i>	Page No. (Of	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGN
Serald Turzinski	Lugishi	Screen: 223/N27+4 P/ Chy: 5hebox gan zip: 53083	Town D.B. O'Village El City Sheboygen	////20 (Month) (Day) (Yes
Vayne Hoffmann	Wayn Hoffm	Street: 17736 Wagne Road City: Kiel WI Zap: 53042	extown or schleswis	/ ///20 (Munth) (Day) (Ye
Johna Hoffmann	Wayne Hortman	sweet: 17736 Wagner Road	De Town Uvillage Schleswig City	) /// /20 (Month) (Day) (Yes
TARY PDEHNE	Say PAlche	Street: 6215-CTH-F City: NEWTON WI 20: 53063	Town SHE!  Uvillage City  ENTER UTLLE	////20 (Month) (Day) (Yes
Steven Ditter	Steven Other	SCHOOL 236 LEAUEUS AUE CAU: SHEBOO"FACU D.B Zap. 58085	D Town D.B.  D Village SECity 5heborse- Falls	/11/2( (Mouth) (Day) (Ye
ynthia Difter	Cympu Du	and 35 Leavens Ave ansheboygan Falls white 53085	Drown D.B. Utillage DCity Sheboysan Falls	//2( (Month) (Day) (Ye
CHAID A. HRUEGER	ild Home	Street: N 6035 COUNTY M  ONLY SHEBOYGAN FALLS 20,53085	O Town SHEBOYGAN FAUS O Village Wise.	////20 (Month) (Day) (Yes
oanne Meives	Joanne Meines	Street: W3285 CtyFF  Car: Sheboxaan 21p. 53083	S) Town Herman  O Village  City	/ /// 20 (Moseth) (Day) (Yes
HARLES WMFW	( Lander Maire	Street: W3245 CTY FF	ETTOWN  Uvillage City HERMAN	
LIFEHRENCH	Charlen	Street: 73+ 1507A Upion Ave D.S. Car: SHEBOYEAN 230 82	Town City City SHEBUYGAN	/ // /2() (Month) (Day) (Yes
Dave BOUCHER	Certification		Sheboysan	-
(Name of Circ	ulator)	(Circulator's Residence - Street name and	i Number) (Circulator M	unicipality)
		the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifyi		

(Month)

(Day)

(Year)

THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU	NICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. MIKE DARBANT 2. Yvonne Darbant	much Dut	Street: 1225 WAShing TOR AUT CAS: ShiBoyEAN, WI. 210: 53081	U Town U Village MCity SheBoy(AN)	//3/20
2. Yvonne Darbant	Mull Dut	con Shebaycan Wi zer 5308)	Drown City Shabousan	1 /3 /2012 (Month) (Day) (Year)
3.		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20
4.		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20
5.	•	Street: City: Zip:	□ Town □ Village □ City	//20
6.		Street: City: Zig:	□ Town □ Village □ City	//20
7.		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20
<b>8.</b>		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20
9.		Street: City: Zip:	□ Town □ Village □ City	/ /20
10.		Street: City: Zip:	□ Town □ Village □ City	//20 (Month) (Day) (Year)
	Certification	of Circulator		-
Dave BOUCHER	, (cen	tify): I reside at 717 N. 38+4 ST.		
(Name of Circul mally circulated this recall petition and personally obta	lator) ained each of the signatures on this paper. I know that	(Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsify	officeholder named in this petition. I know the	hat each person signed
$\frac{1}{20.12}$	Dan Bouche		****	fficial (Ise Only)
(Month) (Day) (Year)		(Signature of Circulator)	#.	21868

THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIPPERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
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1. Jeffrey Brussink	Jeffrey Bruggen	Street: 2118 N 8+6 5+ Cty: Shellay gan 210:53081	D Town D Village M City Sheloy 990	/ /// /20 <u>12</u> (Month) (Day) (Year)
Janette Bruggink	gnelle bruggind	Street: 2118 N8th Str City: Sheboygan, WIZIp: 5:3081	D Town D Village Shuboygw	[ // ( /20 <u>/</u> (Month) (Day) (Year)
Marvin Haby	marin Hahn	Surece: 915 Broadway apt = 36 Cay: 5h= birgan Falls DB: 22p: 53085	Town Village City Shelveryge Fall	1/2/20 <u>62</u> Ridouth) (Day) (Year)
CHARLES W DAMROW	CIM	Street: 21/2 NEWSERSEY AV  Chr. SHEBOYEAN 200. 5308/	☐ Town ☐ Villege  IP-City  SHEBOYGAN	//2/20/2 (Month) (Day) (Year)
5. Dorothy Stattery	Togothy Sattery	screen: 1119 Ashland ave	D Town D Village She broug gan	[Mosth) (Day) (Year)
Jeone Brus	Jean Eller	Bernet 21 25 Koning Ct. Days Sheboyagn zig: 53083	13 Town 10 Village 129 City Sheboygan	1 /12/2013 (Month) (Day) (Yzar)
1. JOHN C. BRUNS	John C Burn	SCREET 25 KON 66CT 53683	O Town O Village Sheboyson	//2/20/2 (Month) (Day) (Year)
JANette Higley	Janette Digly	Street: W 4504 Cfy - N City: 101A1Ju 22pi 53093	Drown Village LYNdon	//3/20/2 (Massh) (Day) (Year)
Gary A. Higley	Han St. Xigles	Street: W4504 Chy N City: W9 do zup: 53093	DYTOWN Lyndon	/ /3/20/2 (Month) (Bay) (Year)
John Ambroso	Ann Ambrose	street: N9379 Franklin Rd  asy: Elkhart Lake zip: 33930	D'OWN HERMAN	1 /3/2012 (Month) (Day) (Year)
	Certification o			
Dave BOUCHER		fy): I reside at <u>717 N. 38+n</u> St		h
<i>Name of Circul</i> recall petition and personally obta	ained each of the signatures on this paper. I know that the	Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the	officeholder named in this petition. I know th	at each person signed
• "	ated opposite his or her name. I know their respective r	esidences given. I support this recall petition. I am aware that falsifying		
/ /3 /20 /2 (Month) (Day) (Year)	1) ave le	(Signature of Circulator)	Page No. (Of	51863 51869
		<b>∞</b> €	1 H	
			(.	51869

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNE
John Howell	JMW La	Street: 2335 N 3rd CNST: Shelsoygan W1 21p: 53083	Trown D.B. Uvillage Sheboygan	///3/20/ (Month) (Day) (Year)
Mary Yang	Mylon	Street 2433 N. 254NSF Cay Shelvoydan 20 53083	Troyn She Doygan	1/13/20_ (Mounth) (Day) (Year
LeuLee	Lenhea	Street: 2432 N. 135/1 St.  Street: 51 whoy an Nt. 21, 530 83	Town Shehayging City	(Month) (Day) (Year
		Street: City: 21g:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year
		Street: City: Zip:	□ Town □ Village □ City	/ /20_ (Mouth) (Day) (Yess
		Street; City: Zig:	☐ Town ☐ Village ☐ City	/ /20_ (Month) (Day) (Year
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		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20_ (Month) (Day) (Year
$\supset$ $O$	Certification of		- 1	
Dave BOUCHER	, (certi	fy): I reside at 7/7 N. 38th St.	Sheboygan	
(Name of Circulated this recall petition and personally obtain	ined each of the signatures on this paper. I know that the	(Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the	officeholder named in this petition. I know th	at each person signed
with full knowledge of its content on the date indicated $\frac{1}{20}$	uted opposite his or her name. I know their respective r	residences given. I support this recall petition. I am aware that falsifyi	ng this certification is punishable under S.12.1	13(3)(a), Wis, Stats.
Month) (Day) (Year)		(Signature of Circulator)		121070

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire to.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNE
Tami Mayer	Sami J. Mayer	Street: 835 Crystal Rd.  City: Kiel zip: 53042	Village K, e	////20/ (Month) (Day) (Year)
Laurie S. Schwartz	Lauri S Schwartz	Screen: 13902 Nennig Ct Cay: KIEL WI 22:53042	Millown Dillage Schlwig	/ // /20 <u>/</u> (Mussib) (Day) (Year)
ee matthius	Lee Mauhias	screet: 9817 Old 151 Rd. City: Marutouroc WI 229: 54020	Brown MANITOWCC Uvillage Repids	Ol //1 /20_(Month) (Day) (Year)
rin McNally	Gren Kay M. Nally	street: 1404 Wisconsin Ave cap: New Holstein w 20,530ce1	Dyllage New Holskin	[ /[ / 20] (Month) (Day) (Year)
Terry Wadel	Jerry Ward	Screet: NG 1235+67 Cay: Plymointh WI 210:53073	Stown Dymuth	////20/2 (Messile) (Day) (Year)
	7 / 000	Streets  City: Zip:	☐ Town ☐ Village ☐ City	/ /20_ (Moeth) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20_ (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20_ (Mouth) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	//20_ (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20_ (Month) (Day) (Year)
	Certification o			. 4
Val Tean O Marc (Name of Circulated this recall petition and personally obta	nator)	fy): I reside at 14433 Hy 42 (Circulator's Residence Street name and the signers are electors of the jurisdiction or district represented by the epidencost given. I support this recall petition. I am aware that falsify	d Number) (Circulator II) officeholder named in this petition. I know the	rat each person signed

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no		DATE OF SIGNING
Steven Mc Intosh	Mutoy	Street: N & OO 9 Hwy 47 City: 44-box agn zip: 5	7087 Town City Franklen	01/10/2012 (Month) (Day) (Year)
Steven Mc Intosh. Eileen Lallensad	Eleen Gallensack	street: 12722 Ptéreek R City: Newton zip: 53	3063 Trown Dillage Meeme	1/10/20 <u>1</u> (Month) (Day) (Year)
Vicki P. Nimmer	- Vielit Stimmer	street: # 412 Clay St City: Kiel zip: U	Town Village Kiel	//0/20/2 (Month) (Day) (Year)
	7	Street: City: Zip:	☐ Town ☐ Village ☐ City	(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
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Val Jean D Man		of Circulator rtify): I reside at 19433 Hy		Meem (

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

icle XIII, Section 12 of the Wisconsin Co	nstitution and S.9.10 of the Wisconsin Stat	utes.		
THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
I. DAWN A. MARCOE	David A.	Street: 14433 Hwy. 42	XTown Uvillage MEEME	12/15/2011
	Marce	city: Newton zip: WI		(Month) (Day) (Year)
2. Sania T Marros	Dam J.	Street: 14433 Hug. 42	Town □ Village	12/17/2011
Gavin J. Marcoe	Moccol	city: Newton zip: WI	City Meeme	(Month) (Day) (Year)
3.	Jerone m 1°	Street: 312 W MAIN ST	□ Town 1 Village	12/20/20/11
JERRYM. Quick	Kyolo	City: ST NAZIANZ Zip: WI	City STNAZIANZ	(Month) (Day) (Year)
4. Nancy		Street: 14416 42	Town	1/9/20/2
Archambeau	Nancy archambeo	raise Newton zip. 5306	City Meeme	(Month) (Day) (Year)
5.	ing was will	HCZI MAI VV	Town	1/9/20/2
Ian Quinn	C2 12	City: New for Zip: 5363	Ocity Meene	(Month) (Day) (Year)
Ian Quinn		<b>~</b> 1	<b>☑</b> Town	
F. Haldensu	V.		☐ Village	$\frac{1}{(Month)} \frac{1}{(Day)} \frac{1}{(Year)}$
Eugene Hickman	V Cugene Heroman	City: Newton Zip: W,	Meame	
Dant	0.1	street: 609 Van Burch Circle	Town Willage Howards Grove	1/0/20/2
KOBERTA JHUSON	grow on the	CHY. Howards Grove ZID 53083		(Month) (Day) (Year)
8.	O on on	Street 7/0 Audubor Rd	Town Stillage City	1/10/20/2
KEITH H. WEDER	Tastal. Weble	City: Howards Grovezip: 53083	City Howards	(Month) (Day) (Year)
9.'	11 1 2 2 4	Street: 126 5, Wiscosin Dr.	☐ Town	1/10/2012
Matt C. Vollmer	Matt Volm	City: Holzards Grove Zip: 53083	Pvillage Hovens Grove	(Month) (Day) (Year)
10.	0 3/ 1/10 1	Street: 50/ N. Lincola Dr.	Town Hay) and	1/10/20/2
Velma KloKow	& Velma Xlot ar	City: Howards Grovezip: 53087	Town Howards City Grove	(Month) (Day) (Year)
	Certification			
Val Jean DM	Narce e, (cert	ify): I reside at 14433 44 42		ene
(Name of Circui	lator)	(Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the	d Number) (Circulator I	

the paper with full knowledge of its content on the date indicated opposite his or her name. I know that the signest are electrons of the jurisdiction of district represented by the orintendotter name in this pertiton. I know that the signest are electrons of the jurisdiction of district represented by the orintendotter name in this pertiton. I know that the signest are electrons of the jurisdiction of district represented by the orintendotter name in this pertiton. I know that the signest are electrons of the jurisdiction of district represented by the orintendotter name in this pertiton. I know that the signest are electrons of the jurisdiction of district represented by the orintendotter name in this pertiton. I know that the signest are electrons of the jurisdiction of district represented by the orintendotter name in this pertiton. I know that the signest are electrons of the jurisdiction of district represented by the orintendotter name in this pertiton. I know that the signest are electrons of the jurisdiction of district represented by the orintendotter name in this pertiton. I know that the signest are electrons of the jurisdiction of district represented by the orintendotter name in this pertiton. I know that the signest are electrons of the jurisdiction of district representations of the orintendotter name in this pertiton. I know that the signest are electrons of the jurisdiction of district representations. I know that the signest are electrons of the jurisdiction of district representations. I know that the jurisdiction of the orintendoctor is contained in this pertitor. I know that the signest are electrons of the jurisdiction of the jurisdict

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
ikal Carmody	ricolarmody	11-23 Sapragono Aulo	Town   Village   State   She bourgan	4 /12/2012 (Month) (Day) (Year)
lary Ellerner	Mary & Herner	Sireet: 336 Clement ave City Shebry man HJ zip: 53083	U Town U Village Shaboye an	1 //3/20 <u>12</u> (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
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		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
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		Street:  City: Zip:	☐ Town ☐ Village ☐ City	. / /20

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS  SIGNATURES OF ELECTORS  SIG
Street: 357 W Loth 1, 1/e Block Town Willage City Low 1/2 1/201/ Ph.  2. Krystal Remaker Muyber Williage City: Green Bay Zip: 54303 City Green Bay (Month) (Day) (Year)  3. Ken Spielbauer Muyber Street: 1/14/2 K. Siperior Town Williage Both North City: Green Bay Zip: 54303 City Green Bay (Month) (Day) (Year)  City: Apple for Zip: 5451/1 City: Apple for Month) (Day) (Year)  City: Apple for Zip: 5451/1 City: Apple for Month) (Day) (Year)
3. Ken Spielbauer Implication for Street: 1668. Straward Ave #10   Town   Village   Order Bay   Decity Green
Street: 114/2 N. Superior Town Village Spher 12/12/20/1/ Ph
4. Oarlene Shuck Dorlene Shuck Street: 317 Appleton St. #9 Town Village Appleton 12/12/2011 Ph
Kenneth Prey Tienne L Street: 909 N Superior Station 12/12/2011 Photos William & Prey City Appleton William & Sygue & Poleton (Month) (Day) (Year)
6. ALYCE MANGAN Cy Mon Jan Street: B5 CIMATTON CT. H Town Village Scity OshKosh (Month) (Day) (Year)  Ph. City: OshKosh Zip: 54902 Scity OshKosh (Month) (Day) (Year)
7. John Rongan Juphor Street: (25 Clmarron Town Village North City: OSN KOSH (Month) (Day) (Year)
ELzine Wilson Elarne Hilson City Oshkosh-5490/zip: Wise City Osh Bosh (Month) (Day) (Year)
MATERIA Street: 1025 Lexry 57. Town Village Village Month) (Day) Court Ph
10.  Street:  City:  Street:  City:  Town Village City  City  Town City  City  Town City  City  Town City  City  Town City  Town City  Town City  City  Ph
Mathew Miller  Certification of Circulator  (certify): I reside at 1026 Sherry STo.  OSWOSH

(Name of Circulator)

(Circulator's Residence – Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or hername. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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2 /20/2 Mathew D Mallor (Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RU Rural address must also include		VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Hun Kesper	Stantoner	Street: 412 Pine St City: Sheboyg an Falls	zip: 53085	□ Town □ Village  **CitySheboygan Falls**	(Month) (Day) (Year)
		Street: City:	Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
		Street:	Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
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		Street:	Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City:	Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street:		☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
E, JOAN HEN	NESSY Certification	on of Circulator 418 PINE certify): I reside at	St	SHIBOVAANFA	7225

(Name of Circulator)
(Circulator's Residence – Street name and Number)
(Circulator Municipality)
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their aspective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

| Annually | 20/2 | | 20/2 | (Year)
| (Signature of Circulator) | # 1518.76

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THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Julie Neitzke	Julie Virgh	Street: 924 Jessie Lh. City: Random Lake zip: 53075	Town Random Lake	// /16/20// (Month) (Day) (Year)	Email Phone
2. ANDREW KRUEGER	A.	Street: 1122N HOLDEN ST City: PORT WASHINGTON: 53074	Usilage POAWashington	// /17/20_11 (Month) (Day) (Year)	Email Phone
3. Karen Krueger	Kalen Pryce	Street: 1122 N. Holden St City: Port Washington 21p. 53074	Town Port Washington	11 /17/20_11 (Month) (Day) (Year)	Email Phone
4. Carolyn Goldsmith	Carolyn Hoedsmith	street: 1208 Nelson br. City: Port Washington zip 33074	Town Village POA Wannyton	// /1/20 <u>1)</u> (Month) (Day) (Year)	Phone (
5. DENNIS (QULDSMITH	Times) Juldenia	Street: 1208 NELSON DR City: PORT WASHINGTON Zip: 5307 4	Town Village POA Washington	// /7/20_// (Month) (Day) (Year)	Phone (
"Heidi V. Matera	Heidi V. Matesa	Street: 4633 N. Bartlett Ave.  City Whitefish Bay Zip: 53211	Town Whit Gen Bay	11/20/2011 (Month) (Day) (Year)	Email Phone
7. Michael V. Matera	Mich Man	Street: 4633 W. Battett Ave City: Whitefish Bad Zip: 53211	Town Whiteffh Bay City	(Month) (Day) (Year)	Email Phone
*Megan Nertz Ke	Megnietz	street 513 BY EVANUOUS GY City: FOATWQSHI NOTON zip: 53074	Unity Port Washington	2/19/2d (Month) (Day) (Year)	Email Phone
William J. MEYER	Wellian J. Mayer	Street: 3515 N. 33 rd ST.  City: SHEBOYGAN WI zip: 53083	Village Newygan	12/19/2011 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone (
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Certification of	of Circulator		٠	

		// City: 21(10:00 ( C) 11 0 0 2 Zip: 30		
	10.	Street:	☐ Town ☐ Village	/ /20
		City: Zip:	☐ City	(Month) (Day) (Year)
	11 11 160 /	ertification of Circulator	<b>5 5</b> 1	- (
Ι, _	Megan Neitere	, (certify): I reside at 538 en	WOOD OF POP	HWASHINGTON
-	(Name of Circulator)	(Circulator's Residence – Street	et name and Number)	(Circulator Municipality)
I pe	ersonally circulated this recall petition and personally obtained each of the signatures on thi	s paper. I know that the signers are electors of the jurisdiction or district represe	ented by the officeholder named in this pet	tition. I know that each person signed
the	paper with full knowledge of its content on the date indicated opposite his or her name. I k	now their respective residences given. I support this recall petition. I am aware	that falsifying this certification is punishal	ble under S.12.13(3)(a), Wis. Stats.
-	$\frac{1}{\text{(Month)}} / \frac{1}{\text{(Day)}} / \frac{20}{\text{(Year)}}$	(Signature of Circulator)		Page No. (Official Use Only) #
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Ronald W. Halverson	Ronall W. Halerenon	Street: 1527 Castle Avenue City: 548 boyson zip:53081	Town Village Shibuygan	////8/20// (Month) (Day) (Year)
2. Patricia A. HAlverson		street: 1527 CasTLE Avenue city: Sheboygan zip: 53081	Town Shebuygan	// //8 /20// (Month) (Day) (Year)
3. Cindy Kalkapf	Cindy Kalkapy	Street: 1725 S 236d  City: Shelwican zip: 53-81	Town Village Shabougan	(Month) (Day) (Year)
4. Michelle Blockland	MichelleBlocked	Street: 3428 NY10th City: Shelouygan zip: 53083	Town Village Shubcygan	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Troy Gerstner	Tron Lest	Street: 2701 Whispering Winds Drive City: She boygan zip: 53081	Town Village Sheboygan	11/23/2011 (Month) (Day) (Year)
6. Weryl Gerstner	Cheny Devatre	Street: 270/ Whispering Winds Dr. City: Shebougas zip: 53081	ATown □ Village □ City	(Month) (Day) (Year)
Christine Boldt	Clustie Boldt	street: 5707 Wind Dancer Ct.  City: Sheboy gan zip: 53081	Trown of Wilson City	12 /2 /20 11 (Month) (Day) (Year)
8. Jeff Kainz	Jeff Kand	Street: 3629 W. 35th St City: Sheboygun WI zip: 53283	Town Uvillage Shesoygan	//U/2012 (Month) (Day) (Year)
9.		Street:  City: Zip:	□ Town □ Village □ City	/ /20
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	Certification of		inds Dr. Sheb	

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no		DATE OF SIGNING
Bradely A. Wieck	Bruch J. Ulins	Street: 1924 South 8th St City: Sheboygan zip: 530	R/City	(Month) (Day) (Year)
Endomile hele	Sundo helo	Street: 806 Leland AUC City: Shelougan zip: 5	☐ Town ☐ Village	\\\\/\\/\\/\\/\\/\\\\\\\\\\\\\\\\\\\\\
Chrystal Wieck	Chystal Wick	Street: 1924 8 8th St City: Sleboygan zip: 5	308/ Town City Shebo x53 -	(Month) (Day) (Year)
Chrystal Wieck Jachary Pleat	Zalf Paul	Street: 2605 Inchane Aue City: Steboggen WI Zip: #	Town Willage City	// 21/20// (Month) (Day) (Year)
		Street: City: Zip:	☐ Town☐ Village☐ City	(Month) (Day) (Year)
		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
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		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signe the paper with full knowledge of its content on the date indicated opposite his paper. I know their respective regidences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

the Wisconsin Government Accountabiliticle XIII, Section 12 of the Wisconsin Co	ity Board: We, the undersigned qualified elections and S.9.10 of the Wisconsin Statu	SCOTT WALKER RECAL ectors of the State of Wisconsin petition for the recall of tutes.		314 White fin agie River, 5 ce pursuant to	54:
		ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN		BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. SHAWN Klingforth	Sher Klybyt	Street: 590! AZTEC AVE #134 / City: 29 PAIMS CA Zip: 92277	Town Stilles Eagle River	Dec/25/2011 (Month) (Day) (Year)	Pho
Teresa S.Y. Sprenger	Teresas of Exprenger	street: 1309 W Washington Ave  city: Cleveland zip: 53015	Town Clevel and City	1 /5/2012 (Month) (Day) (Year)	Em:
3.	O	Street:  City: Zip:	☐ Town	//20(Month) (Day) (Year)	Pho
4.		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20	En
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5.		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Eı Pl
7.		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Ei Pl
8.		Street:	☐ Town ☐ Village ☐ City	/ /20	E:
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10.		City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20	E P
Teresa S. Y.	Certification of Sprenger (certification)	of Circulator  tify): I reside at 1309 W. Washington	Ave. Villag.  Ad Number) (Circulator N	e of Clevel	1 a

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Susan Caine	Auson Cause	Street: 533 Upper Road City: Kohler wt zip: 53044	Town  Original City  City  Kohler	/ /13/2012 (Month) (Day) (Year)
Susan Caine Heidi Bulitz	Heidi Bult	Street: 502 Church St. City: Yoller W1 zip.53044	Town Kohler SC.	/ // 3/20/2 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
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<b>).</b>		Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

	nstitution and S.9.10 of the Wisconsin Statu			
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT	I'Y OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	TICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
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i. Jeff Swoverland	Jeff Sword	Street: W4098 Cty Rd U City: Plymouth Wi zip: 53023	Village □ City	11 /16/20_11 (Month) (Day) (Year)
Chris Koch	Chair bell	Street: 923 Dillingham Ave City: Sheboygan zip: 53081	Dyillage Sheboygon	11/16/2011 (Month) (Day) (Year)
Jolene Swaverland	Jolen Sevoverles	Street: W4698 Cty RdU City: Plymorth zip:53073	Ö'Town ☐ Village ☐ City	(Month) (Day) (Year)
I. TINA BERTI C	Town Bols	Street: 726 S. 22Nd St. City: Sheboys a N J.S. zip: 53081	Town Village She boys an	// // 20// (Month) (Day) (Year)
Doel Zitzleff	Al TH	Street: 905 Davenloot Rd  City: Plymouth zip: 53073	City Plynoth	// /20// (Month) (Day) (Year)
Sharon Zing		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ 20
Sharon Zintelat	Sharon Turk Roff	Street: 303 Plymouth St City: Plymouth Zip: 530 73	City Plymouth	11 /24/20 <u>1</u>
3.	00 10	Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
<b>).</b>		Street:  City: Zip:	□ Town □ Village □ City	(Month) (Day) /20
0.		Street:  City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
	Certification of	L		<del></del>
Jeff Swover/and (Name of Circul	d, (certi	fy): I reside at Physics 4h W 40  (Circulator's Residence – Street name and	98 CTy U Plyn (Circulator	noth Municipality)

Certification of Circulator

I, Sef Swore ford (circulator)

I personally circulated this recall petition and personally obtained each of the signatures of this paper. I know that the signest are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I displort this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
JULN L. Hiebing	John J. Hiling	Street: 312 Wis DVE. City: Sheboy gun zip: 63081	Town Village KCity Sheboygan	// /982011 (Month) (Day) (Year)
CECELIA HIEBING	Cacelia Hierong	Street: 3/2 WISCONSIN A-VE City: SHEBOYGAN, W/ Zip: 53081	Town Village Sheboygan	// /38/20 <u>//</u> (Month) (Day) (Year)
3. Alam Wake field	alm wallet	street: 2730 Lakeshore drive  City: Shekey Qun zip: 53081	Town Village Sheboygan	/28/20 <u>11</u>   (Month) (Day) (Year)
Mark Gensch	Mark Gensch	Street: 130 Columbia Lu Civ5heb, Falb zip: 53085	Town Village Sheboygan	12/3/20/1 (Month) (Day) (Year)
Ken Winter	Hennett & Whiter	Street: 1727 Braddwax Ave City: Sheboxgan zip: 53081	Town Utillage Stity Sheboygan	/2/3/20// (Month) (Day) (Year)
DAN HARTMAN	Dan Hauton	City: SHEBOYGAN ZIP:53083	Town Village Sheboygun	12/3/2011 (Month) (Day) (Year)
Ashley Kohlhagen	Athley Chluga	Street: 10324 S. 1244 St. 53095 City: Shebaygan zip: +WIE	Town hilson City Shappen	(Month) (Day) (Year)
4 Auto Aljeplind	Sch It	Street: 2235 Scinflower Act	Town Village Sheboygan	(Month) (Day) (Year)
Robert Kaat	Robert Kant	Street: W3194 WIURS  City: WALDO WF Zip: 53093	Down Village City Waldo	12 12/20/11 (Month) (Day) (Year)
10.		Street: City: Zip:	□ Town □ Village □ City	/ /20   1   1   1   1   1   1   1   1
Tim Hicki	Certification (	of Circulator  fy): I reside at 1014 Sommer Dr	Sheboy g	94

THE MUNICIPALITY USED FOR MAILING	J PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	VICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
PRINTED NAMES OF ELECTORS	SKINATURES OF BLECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Towa, City, or Village)	DATE OF SIGNIN
1. Jeremy S. Koch	Sph	mon 714 S. 26 th St 20 Manitowoc 24, 54820	ロTown ロVillage 関City MANITOWO C	12/8/20 <b>4</b> (Mounts) (Day) (Year)
Z RANDALL É. JASCHOB	Randall & Jaschol	Street 1015 FIRST ST. Cay: KIEL WI. 284 53042	Trown Utiliage Fichy  KIEL	0 1/10/20 (News) (News)
RANDALL E. JASCHOB Sandra A. Jaschob	Sunda a Daschot	con: KIEL 24: 53042	Town ()  O Village KIE L	///0/20_ (Manus) (Day) (Nove)
		Street:	□ Town □ Village □ City	/ /20_ (Month) (Day) (Year)
5.		Street: City: Zip:	D Town D Villege C City	//20_ (Name) (Day) (Tran)
<b>5.</b>		Silvents City: Zig:	☐ Town ☐ Village ☐ City	/ /20_ (March) (Day) (Your)
7.		Street:	□ Town □ Yillage □ City	//20_ (Messil) (Day) (Your)
		Street:	□ Towa □ Village □ City	//20_ (Missish) (Duy) (Year)
		Street: Chy: Zig:	☐ Town ☐ Village ☐ City	//20_ (Manth) (Buy) (Yan)
0.		Street: City: Zip:	□ Town □ Village □ City	//20_ (Month) (Day) (Year)
20010011 400	Certification o	f Circulator	1	<u> </u>
CANDALL JAS	ator)	y): I reside at 1015 FIRST S T. (Circulator's Residence – Street name and	i Number)	
sally circulated this meall polition and personally obtains with full knowledge of its content on the date indicate.	ined each of the signatures on this paper. I know that th ated opposite his or her name. I know their respective re	e signers are electors of the jurisdiction or district represented by the esidences given. I support this recall position. I am aware that falsifying	officeholder named in this petition. I know the ng this certification is punishable under S.12.1	nt each person signed 3(3)(a), Wis, Stats.
(Month) (Day) /20 1 2 (Year)	Kondell yes	(Signature of Circulator)	Page No.44	884

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	VOTING MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
Sandræ Fischer	Sandy Fischer	Street: 602 N. 14 F4 St  City: Shebox 99N Zio: Wi5308	(Indicate Town, City, or Village)  Town Village City Sheboyyun	// 37/20
Roger H. Fischer Sr.	B. & Ahm	Street: 602 N, 14th St City: She boy gay WI. zip: 53081	Town Village Shebuygan	// 27/20 <u>//</u> (Month) (Day) (Year)
Enrose Buetther	- Serve & Buettra	Street: 1518 5 2 4th St. City: Sheboygan zip: 5381	Town Village She buygan	11 /21/2011 (Month) (Day) (Year)
eresalleisfeld.	Jeresa Weisfeld		Town Stillage City Howards Grove	(Month) (Day) (Year)
Rad Ney Fischer	Rodney	Street: 602 N, 14th 5t City: 5 he Boy 9 AN zip.WI, 5308	Town Village She boygan	12/5/2011 (Month) (Day) (Year)
		Street:  City: Zip:	☐ Town ☐ Village ☐ City	(Month) (Day) /20
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) / (Year)
		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
ARREN S. WEZS	Certification of (certification)		IN DR HOWARD.	5 GROVE

® (m. 200 9

151855

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Judith Leunse	Ondeth Leuma	Street: N2235 Ebbers Rd City: Oostburg Zip: 53070	Town Holland Utillage City	///3/20/2 (Month) (Day) (Year)
Leynse Lester	Lute M Lespe	city: Oostburg zip:53070  Street: N 2235 Ebbers Rd  City: Oostburg zip:53070  Street: N 2235 Ebbers Rd  City: Oostburg zip:53070  City: Oostburg zip:53070	PTown Town Holland Utilage City	///3/20/2 (Month) (Day) (Year)
Dan Leunse	Dan heynset	Street: NZZ35 Ebbers Rd. City: Postburg Zip: 53078	D'Town Holland Uvillage City	//3/20/2 (Month) (Day) (Year)
· · · · ·		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
-		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/_ /20 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)

(Month)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

cle XIII, Section 12 of the Wisconsin Cor	nstitution and S.9.10 of the Wisconsin State	utes.		
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Karen Kiehl	Karen Krehl	street: N7053 Riverwoods Dr. City: Sheboygan zip: 53083	Village Sheboygan	11 /16/20_11 (Month) (Day) (Year)
Greg Kichl	Angakiel	Street: N7053 Riverwoods Da	Brown   City Sheboygan	///6/20// (Month) (Day) (Year)
ARTHUR W. KIEHL	Jethen W. Kiehl	Street: 1602 Black Walnut Trail City: SHEBOYGAN Zip 53081	Town Village Sheboy on	11 /18/20// (Month) (Day) (Year)
nary Lou Kight Mary Loutiel	Mary Son Kiche	Street: 1602 Bloack Walnut Frail City: Dheboggan Zip: 53081	Town Village Shebeygan	it /18/2011 (Month) (Day) (Year)
BARB SINDELAR	Bart Lin Alm	Street: 5023 Parko-Ridge City: Shelwyggn zip: WI	Town Village Sheboygan	(Month) (Day) (Year)
KUPT KELLNER	Mutu & Welher	Street: N7164 Phenwoods Dh  City: Sheboygan zip: 53083	Town Village She by 1944	(2/28/2011 (Month) (Day) (Year)
DAVID NOEL	David Noel	Street: 1705 S 21  City: Shelbourer zip: 53081	Town Village Leboyages	////20 <u>42</u> (Month) (Day) (Year)
•		Street:	☐ Town ☐ Village ☐ City	/ /20
		Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
0.		Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
KUPT KELLNER DAVIO NOEL	David Noel  Certification of	Street: N7164 Phenwoods Dr.  City: Sheboygan zip: 53083  Street: 1705 S 21  City: Sheboygan zip: 53081  Street:  City: zip:  Street:  City: zip:	Town   Town   Town   Village   City	(Month) (Day) (Yes  / / / / 20  (Month) (Day) (Yes  / / 20  (Month) (Day) (Yes  / / 20  (Month) (Day) (Yes  / / 20  (Month) (Day) (Yes

		City		Zîp:	□ City	(Month) (Day) (Year)
10.		City:		<i>Σи</i> γ.	☐ Town	/ /20
		City:		Zip:	── □ Village □ City	(Month) (Day) (Year)
		Certification of Cir	rculator			
GREE	KIEHL	. (certify): I	reside at <u>N7053</u>	Rivermo	eds Pr =	Sheboygan
personally circulated this recall pet he paper with full knowledge of its	(Name of Circulator) ition and personally obtained each of content on the date indicated opposit	of the signatures on this paper. I know that the signe	(Circulator's Residents are electors of the jurisdiction or of	ence - Street name district represented by	and Number) the officeholder named in	(Circulator Municipality) this petition. I know that each person signed
(Month) / 16 (Day)	/20 //	Theres O	gnature of Circulator)			Page No. (Official Use Only)
		•		9		101001

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MI	VOTING	T
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Garrett J Klamme	but I have	street: 2212 New Jersey Ave- city: Shelpevaan zip: 53081	Town GK Village Sheboygan	11/17/20 <u>11</u> (Month) (Day) (Year)
7shley proble Wiedmeyer	ashey Wedmers	Street: 2212 New Jerse- Avel CHy (nebogan zip: 5308)		11/H/20 11 (Month) (Day) (Year)
Elizabeth Weinhold	Elia Will	street: 829 Fonddulac Alle city: Shahaygan Falls zip: 53085	Town GK Village Theboygan City Palls	12/12/2011 (Month) (Day) (Year)
Brittany Hodans	Buttans adan	1 22/2° 11 7/0 C+		/9/2012   (Month) (Day) (Year)
racy Kilgore	Kilzere	Street 3203 N ZW 4n City: Shelbayglun ip: 5308	O Town OK OK O Village Sheboygan	(Month) (Day) /202
Daniel Lopon	D~ 27	Street: 2121 North 23rd Anct  City: 3 Leboyogan zip: 53081	Town GK Village Sheboygan	1 /13/2012 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
		Street:	☐ Town ☐ Village ☐ City	/ /20
		Street:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
All	Certification of Garrett & Klemme (certification)	City.	city of sheboyo	•

(Day)

To the Wisconsin Government Accountability Roard: We the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Krista Vreeke	Muta Muh	street: 2109 N 29th St. City: Sheboygan zip:53(18)	Town Sheboygan	\2/7/2011 (Month) (Day) (Year)
Nicore Hendrika	Muserdendunse	street: 520 Conter Ave.  City: Oostburg WI zip: 53070	Town Village Oostburg	12 /15/2011 (Month) (Day) (Year)
Terry Hendrikse	from bothe	street: 520 Center Ave  City: Oostburg WI zip: 53070	Z'Village Oostburg	12/15/2011 (Month) (Day) (Year)
Tim Temby	TITO	street: 2538 N. 10+4 St.  City: Sheboygan, WI zip: 53083	Town Shebogon Shebogon	12 /23/201 (Month) (Day) (Year)
Ian Temby	Le Tuf	Street: 2538 N. 10th St City: Sheboygan, WI Zip: 53083	Drown Shebogon	12 /23 / 20 11 (Month) (Day) (Year)
iric Burkard e		Street: 1364 N 60th St City: M. M. W. W. W. W. Zip: 53208	□ Town □ Village □ City M Notice €-	2 /25/20 <u>11</u> (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20
•		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20

Street: 2 ) J O N. (0+4 St.	□ Village Shenoya	(2 /2 )/ 20 <u>11</u>
Tim Temby T- T- City: Sheboygan, WI zip: 53083	<b>∠</b> City <b>3 €</b>	(Month) (Day) (Year)
1 2528 N 10th St	□ Town □ Yillage	12 /23/2011
Ian Temby Life Street: Sheboygan, WI zip: 53083	Ecity" The boggan	(Month) (Day) (Year)
	☐ Town ☐ Village	12/25/20/11
	@ City Milwaulkee-	(Month) (Day) (Year)
7.	☐ Town ☐ Village	/ /20
	☐ City	(Month) (Day) (Year)
	□ Town □ Village	/ /20
	☐ City	(Month) (Day) (Year)
	□ Town □ Village	/ /20
	☐ City	(Month) (Day) (Year)
City: Zip:		
10.	☐ Town	/ /20
Street:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
O. Street: City: Zip:	□ Village	· · · · —
10.  Street:  City: Zip:  Certification of Circulator	□ Village □ City	(Month) (Day) (Year)
10.  Street:  City: Zip:  Certification of Circulator  Lyn A. Jungbluth  (Circulator's Residence – Street name and (Circulator) – (Circulator's Residence – Street name and (Circulator) – (Circulator's Residence – Street name and (Circulator) –	□ Village □ City  5 he boy ga Number) (Circulator	(Month) (Day) (Year)  Municipality)
Certification of Circulator  Lyn A. Jungbluth  Wane of Circulator)  Circulator)  Circulator)  Circulator)  Circulator's Residence – Street name and consults extension of the junglicity and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the organical street in the signers are electors of the jurisdiction or district represented by the organical street in the signers are electors of the jurisdiction or district represented by the organical street in the signers are electors of the jurisdiction or district represented by the organical street.	□ Village □ City  Sheboy ga Number) (Circulator officeholder named in this petition. I know to	(Month) (Day) (Year)  Municipality) that each person signed
Certification of Circulator    Continued this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the open with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying	Village City  Sheboy ga Number) (Circulator) Officeholder named in this petition. I know to g this certification is punishable under S.12	(Month) (Day) (Year)  Municipality) that each person signed 2.13(3)(a), Wis. Stats.
Certification of Circulator    Continue of Circulator   Circulator	Village City  Sheboy ga Number) (Circulator) Officeholder named in this petition. I know to g this certification is punishable under S.12	(Month) (Day) (Year)  Municipality) that each person signed
Certification of Circulator    Continued by Circulator   Circulator	Village City  Sheboy ga Number) (Circulator) Officeholder named in this petition. I know to g this certification is punishable under S.12	(Month) (Day) (Year)  Municipality) that each person signed 2.13(3)(a), Wis. Stats.

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
0 1 1 0 6	0 10 00	Street: 2629 North 8th Street	□ Town	11/19/2011
Randal A. Gleason	Randal a. Illason	City: Sheboygan, WI. zip: 53083	Sheboygan, WI.	(Month) (Day) (Year)
Jusi Russell	Andi Durano	Street: 2031 N.79C Cirshebaygan zir: 53881	Town Village Shaboygan, WI.	H /23/20/11 (Month) (Day) (Year)
3.	The reasons	Street: 2031 N 744 ST	□ Town	11 /23/2011
James Russell	Jane Timel	City: Shebou and zip: Wi	Willage KCity Sheboygan, WI.	
4/10	20	Street: 6/1 N. Warr St #205	☐ Town ☐ Village	11/27/2011
Tunes M. Hlododka	1 James M. Glodosky	City: Shebougan zip: 53081	Town Village She boygan,	(Month) (Day) (Year)
Barry Marian	Q 0 36,50	Street: N4393 CTYE	Town Uvillage	W 24/2016
PAUL HEIER	Jane Drews	Street: 2629 N9th St	Птоми	1 1
Beth Gleason	Beth Dleason	city: Shebuyaan zip: 53083	- Willage Sheboyg am	(Month) (Day) (Year)
		Street:	□ Town □ Village	/ /20
		City: Zip:	☐ City	(Month) (Day) (Year)
<b>3.</b>		Street:	☐ Town ☐ Village	/ /20
		City: Zip:	City	(Month) (Day) (Year)
).		Street:	☐ Town  ☐ Village	/ /20
		City: Zip:	□ City	(Month) (Day) (Year)
0.		Street:	☐ Town ☐ Village	/ /20
		City: Zip:	□ City	(Month) (Day) (Year)

1 (fanagi ii. Olgasov	(certify): I reside at _	HOW ! (Idily O Direc)	ONESTATION.
(Name of Circulator)		(Circulator's Residence - Street name and Number)	(Circulator Municipality)
I personally circulated this recall petition and personally obtained each of the signatures on this pape	er. I know that the signers are elect	tors of the jurisdiction or district represented by the officeholder	named in this petition. I know that each person signed
the paper with full knowledge of its content on the date indicated opposite his or her name. I know the	her respective residences given I	support this recall petition. I am aware that falsifying this certific	cation is punishable under \$.12.13(3)(a), Wis. Stats.
01 03 17	Kandal a. J	Lean	Page No. (Official Use Only)
<u> </u>	(Signature of C	'irculator)	
(Month) (Day) (Year)	(Orginature of C	Silvatator)	# <b> 1518</b> 90

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILIN	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
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GARY STERK	Gary Sterk	Street: 1630 N 34 ST CN: Sheboyaan 219: 53081	D'Town D'Village BPCity SHEBOYGAN	/2//20 <u>//</u> (Mossiti) (Day) (Year)
RANDY GRAEF	Randy Graf	Street 1225 N. 15th ST.  City: SHEBOYGAN Zip: 53081	O Town O Village ACity SHEBOY GAN	
Barbara thieme	Barbara Shem	Street: 1703 N. 22nd SI City: Shebongan zur 53081	D Town Uvillage Sheboygan	(Adouth) (Day) (Year)
PatrickT. Geni	no atula - Semont	Street: 1/24 Brad way  On: 5helogy 97 2053081	Drown Dvillage Scity Sheboygan	12/4/20// (Month) (Day) (Year)
Vonni L. Brandl	Vonni I Brandl	on Shebourgan 20053081	D Town D Village D City	12/6/20 <sup>4</sup> (Month) (Day) (Year)
Joseph Brand	June Build	on Sheboygan 219: 53081	D Town D Village PACity She DCV q q n	(Month) (Day) (Year)
Ben Waferman	Ben Walerum	Street: 637 1. Evans St. Oliv: Sheboygan 240: 53081	D Town D Village DXCity Shelpygan	12/8/20_1/ (Month) (Day) (Year)
auraWaterman	Pauraliateman	Street 632 N. Evans St On: Shebaycian 25,5308	D Town D Village Sheboygan	2/8/2011 (Mosth) (Duy) (Year)
Vanta S. Tun	VINOTE G. TRUMM	Street: 1718 YEAR LANE City: Shebsycan 210: 53081	Cl Town Cl Village PACity Shebs/Gm	/2//6/20 <u>//</u> (Mexith) (Day) (Year)
Nicole T	Nicole Trum	street: 2222 Sunflower Ave Cay: Shebuygan zip: 53081	Town Village City  Clay  Clay	12 /10/2011 (Month) (Day) (Year)
OI IL TI	Certification o		10 d J/1	7
Fatri CU (Name of Circu	OCAN (certif	fy): I reside at 20 t   Remont   (Circulator's Residence - Street name and	i Number) (Circulator M	/ (

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\*• 151891

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
ACY HEMSLUEMETER	SIAM	Street: 1230 SOUTH 10TH ST.	Town Sheb oyan	11 /27/2011
M	11 11	Street: 2611 S Ooth St	T Town	(Month) (Day) (Year)
win Moe	Munfler	City: Shabongan zip: 53081	Village She boygan	(Month) (Day) (Year)
656 P62	000 Sec. 5	Street: Schaff a	Town Village Sheboygan	1 /2/2011 (Month) (Day) (Year)
2 1 6		Street: 3602 N 215+	Town Village Sheboy gan	11 /21/2011
Brad Giesek	mady y level	City: Shebajgan zip: 53083		(Month) (Day) (Year)
Brian S Hart	Bran S. Hat	City: Sheboyyan zip: 53081	Town Village Sheloygan	/2 /03/20 // (Month) (Day) (Year)
can Gasperettarr	South Compettant	Street: 1838 N 7st City: SHEBOYCORE ZIP: Wi	Town Village Sheboggm	12/03/20 <u>11</u> (Month) (Day) (Year)
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I, Carrify): I reside at 2936 N 24 5 She boygan

(Name of Circulator)

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her prine. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Page No. (Official Use Only)

(Signature of Circulator)

# 151832

Circula Pl

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALE	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. John Bridges	Q138	Street 2201 Cooper Ave City: Shebovgan 210: 53083	Town Village St City Sheboygan	// /30/20// (Month) (Day) (Year)
James A. Keitel	James a. Kestel	Street: 16324 Lax Chape) Ray City: Kiel 21pt 53042	O Town O Village  Secity  Kie	12/13/20 <u>[(</u> (Month) (Day) (Year)
JILLAND HOUSESE	Well Houng	Street: 2810 SOUTH 11FH ST City: SHEGOYSAN ZIP. 53081	O'Town O'Village CarCity 5 HTTD045AN	12/13/2011 (Month) (Day) (Year)
Scott Stebnitz	1021111	our Cascade War 53011	D'Town O'Village City Cascale	[2//3/2011 (Month) (Day) (Year)
Gary Niemann	X las - 1 VI 10 Miller	screet: 1801 GLM AUG cor: Shebuygan 210:53081	D Town D Village Sheboygun	12 /16 /20/1 (Mouth) (Day) (Year)
Meinneth Meinnert	1200	on: Sheboygan Falls zu: 53085	Wown Sheboygan Olivy Falls	(2/16/2011 (Month) (Day) (Year)
Sue Hodas	I // // // SAF / II / / // // /	street: 1449 Parkvikio Terrace #25 aux: Shelbargan zur. 53081	UTown Village Sheboyeon	2/18/20 (Menth) (Day) (Year)
PAUL R. NICKEL	Pul R Malel	Street: 1720 WI AVE  City: SAGBOYGAN 21ps W E	O'Village She boggm	/2/2//20 <u>//</u> (Mosth) (Duy) (Year)
Patrick J. Degan	1~ MINDO	Street: 20 EFreynort X  City: Kiel zip: WI	O Town O Village City	Cd 242012 (Month) (Day) (Year)
0.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
Patrick J. Du	Certification of	f Circulator y): I reside at 20 E. Fremon t	St. Kiel W	s.

			Street:		U Village		/ /20
		•	City:	Zip:	☐ City		(Month) (Day) (Year)
	737-	Certific	cation of Circulator			_	
191	Tich J. Dug	AN	, (certify): I reside at	O E. FRemon	tSt.	Kiel	Wis.
•	(Name of Circulat		(Cir	zulator's Residence — Street nam	e and Number)	(Circulat	or Municipality)
personally circulated	this recall petition and personally obtain	ed each of the signatures on this paper. I	know that the signers are electors of the	e jurisdiction or district represented b	y the officeholder nam	ed in this petition. I kno	w that each person signed
he paper with full kno	owledge of its content on the date indicate	ed opposite his or her name. I know their	respective residences given. I support	this recall petition. I am aware that fa	sifying this certificatio	n is punishable under S	.12.13(3)(a), Wis, Stats.
1_1	13 120 12	Tolius (	Jus	Middle Court and the Court of t		Page No	). (Official Use Only)
(Month)	(Day) (Year)		(Signature of Circulate	r)		10 to	151893

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Amber Brown	au	Street: 1408 N. High Point Rd	Town W.C. IT	12/1/2011
		city: Middleton zip: 53562	Middlet M. Allet	(Month) (Day) (Year)
WILLIAM RIVEY	Was Koly	Street: 124 North and STREET	Town Willage Muscolp	(Month) (Day) (Year)
•	<del>                                     </del>	City: MUSCODA Wis zip: 53573	•	1 1
Parlloe	Trace SHO	Street: 35104 Branch St #5  City: Middleton zip: W1	Town   Alleton Was i	12/10/2011 (Month) (Day) (Year)
			Town ARENAWS & J.	
Wather France	That The	Street: 406 David Circle  City: Arena WI zip: 53503	L City	(Month) (Day) (Year)
		street 47 Vilas historal Pkwy	Town D. W.R. V.R	13/1/
Sneez Schul	Green Schulle	city: Lod; WI zip: 53555	Village Lod;	
•			□ Town	1 1
		Street:	□ Village □ City	/ /20   (Month) (Day) (Year)
		City: Zip:		
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0.		Street:	□ Town	/ /20
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		City: Zip:		
M.N. D.1 . 7	Certification of	mall (1/2 1/2) a	m: 11.1	Lan
FLIAM KI/E V VI (Name of Circu		ify): I reside at	d Number) 1111 (Circulator M	10/

		City: MUSCODA ie	212 Zip: 53573	in the second se	(Month) (Day) (Year)
3. Pearl Loe	France Sto	sireet: 3510H Branch St	H#5	Trown   Village M, Alleton WERD	12/10/2011 (Month) (Day) (Year)
Heather Strong	that of	street: 406 David	Circle	Drown ARENAWA O	/2 /10 /20 11 (Month) (Day) (Year) /
Snear Schul	Sreas Schull	Street: 47 Vilas hu		Town Village Lodi WAR VR	1ス/10/20 <u>11</u> (Month) (Day) (Year)
		Street:	Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
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3.		Street:	Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
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0.		Street:	Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
1. 1. 1	Certification	of Circulator	1	10:111	1
Onally circulated this recall petition and personally obten with full knowledge of its content on the date indicated the content of the content		the signers are electors of the jurisdiction	esidence - Street name and n or district represented by the	officeholder named in this petition, I know th	hat each person signed
$\frac{\mathcal{O} l}{\text{(Month)}} / \frac{l}{\text{(Day)}} / \frac{2012}{\text{(Year)}}$	William F. K	(Signature of Circulator)	cill See.	,	Official Use Only)
		v	<b>®</b> (10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE STREET & NUMBER OR RURAL ROUTE	VOTING MUNICIPALITY OF RESIDENCE		
	, /		(T. 11 . T. C T	DATE OF SIGNING	
JAMES S. Nutcho	on James Ster	Street: 362 MAIN ST City: HI CI h LAND Zip: 5354	Town Willage High LAND	(Month) (Day) (Year)	
•	7	Street:	☐ Town ☐ Village ☐ City	/ /20	
		City: Zip:	- City	(Month) (Day) (Year)	
		Street:	☐ Town☐ Village☐ City	/ /20 (Month) (Day) (Year)	
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0.		Street:	□ Town □ Village	/ /20	
		City: Zip:	☐ City	(Month) (Day) (Year)	
	Certification	of Circulator	2	•	
Innes Fields	,	rtify): I reside at 6,770 Hing	Muscali	Δ.	

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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No. (Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
NATTHEN L. Joseph	What fall	Street: E9010 County RIPF City: Promit Lu Suc Zip 53578	Town   City Have Cube	// /6/20// (Month) (Day) (Year)	Pho
inda L. Jackson	Linda Lockson	Street: 6034 Lawry Ct. City: Oragon Zip: 53575	Driger Oregan	12/01/2011 (Month) (Day) (Year)	Pho
haron Wenzel	Sharon Wensel	Street: Wang Rd 59236 City: Prosper du Sax zip: 53598	City HONEY CAME	12   35 201/ (Month) (Day) (Year)	Ema
		Street: W 2 22 ) Rd City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Pho
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Ema
		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Ema
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		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Ema
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		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Ema

		, <b>[</b>	cultication of Circulate		1085 28
•	GAI	1 0054	, (certify): I reside at	E 9010 Cty RAPEN	TOWN Of Honey CRE
		Name of Circulator)		(Circulator's Residence - Street name and Numbe	
personally circulated this	s recall petition an	nd personally obtained eac	ch of the signatures on this paper. I know that the signers are elect	tors of the jurisdiction or district represented by the officehol	der named in this petition. I know that each person signed
he paper with full knowle	edge of its content	on the date indicated opp	posite his or her name. I know their respective residences given. I	Support this recall petition. I am aware that falsifying this cer	rtification is punishable under S.12.13(3)(a), Wis. Stats.
//	16	12012	Jail Dith	h	Page No. (Official Use Only)
(Month)	(Day)	(Year)	Signature of C	Circulator)	# <u>-• 151836</u>

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MOTHER THAT I OBLIT FOR MAILIN	IG PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	The state of the s	ICIPALITY OF RESIDENCE MUST ALWAYS VOTING	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Peter Selho	Drie Colho	Street: 606 S.D.; CKINSON City: AMOLSON Zip: 53713	Town Village City  MASO	1/30/20 <u>//</u> (Month) (Day) (Year)
Layne Coleman	Mound Latin	Street: 936 Rockefeller In  City: Mardison Zip: 53404	Town Village City Mad (SON	// 30 20 V (Month) (Day) (Year)
Shakita Tumes	The Miter James	Street: 1933 Northport Dr. #3  City: Maclison WI zip: 53704	Town Uillage Teity Mudison	
MikeLovry	Mf Lewy	street: 312 Lavol 1 Ln  City: Madisan zip: W)	Down Wap 12 Bluff	/2/(0/20/1 (Month) (Day) (Year)
Im F. Nisley	J. J. Dily	Street: 1805 Helena 57 City: Madison Zip: 53704	Town Maple Bloff British Makison	12/15/2011 (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
		Street:  City Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
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		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
).		Street:  City: Zip:	☐ Town ☐ Village ☐ City	//20 (Month) (Day) (Year)
	Certification		I	
JUTON E. MASON (Name of Circ	, (cert	ify): I reside at 1609 Helena St (Circulator's Residence – Street name and	Madism W) (Circulator M	53704

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin

THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
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Jane Clark	Jamour	street: 6101 S. Highlands Ave City: Madison zip: 53705	Town Village Madison	11 /21/20 <u>11</u> (Month) (Day) (Year)
Trisk Myen	Smyer	Street: 1221 Bay Ridge Rd City: Madison zip: 537/6	City Made Son	11 / 24 20 11 (Month) (Day) (Year)
indutative	Lindatakey	Street: 205 COVCIST City: Defovest zip: 53532	Prown Village Of Ovest	(Month) (Day) (Year)
Donna Niemann	La Donna Niemann	Street: 13/3 Bay Didg DI 55716 City: Madin WT zip: 53716	Town Village City Medisar	// /26/20_/1 (Month) (Day) (Year)
RTON H. NIEMANN	Barton N. Meman	Street: 13/3 BAY RIDGE RD  City: 17770501 Zip: 537/6	□ Town □ Village   R City    DADSON	// /26 / 20// (Month) (Day) (Year)
ario J Blandino	Mario J Blandino	Street: 4607 RAVEN Rd City: Collago Grove zip:	Dilage Glago grose	// Zd 20 // (Month) (Day) (Year)
nancesh speans	Transact Spears	Street: 10 1 F 10 5 T VY 00015 Pol 214  City: 100 ho ha z zip: 53 716	□ Town □ Village  □ City Monona	// 26/20 <u>//</u> (Month) (Day) (Year)
Beorge H. WEBEI	Leorge X. Weber	Street: 1205 Bap Redge Rd.  City: Macleson zip: 53716	Town   Village   Modeson	[Month] (Day) (Year)
		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) / (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
Steve Shirsha	Certification (	of Circulator  (fy): I reside at 1217 Ellen Ave.	city of Mar	ISOM

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences a very support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator) (Month) (Day) (Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

Article XIII, Section 12 of the Wisconsin Co	nstitution and S.9.10 of the Wisconsin Stati	UTY OF PESIDENCE IS NOT SHEFICIENT THE NAME OF THE MIL	NICIPALITY OF RESIDENCE MUST ALWAY	e de l'ieten	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	CTREET & NUMBER OF BUILDING FOR	VOTING		
	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1.	1	Street: 1214 ECLEN AVE	☐ Town ☐ Village	12/20/2011	Email
Ambrose Hornung	Ambrose Horning	City: Madison zip: 537/6	Bicity Madison	(Month) (Day) (Year)	Phone
2.	1 1 4	Street: 1306 Ellen Aus.	☐ Town ☐ Village	11/20/20/1	Email
DONNA Strangstation	Dona Sangrada	City: Madison zip: 53716	© City City City	(Month) (Day) (Year)	Phone
3.		Street: 1306 Eller AUS.	□ Town	11/20/2011	Email
Larry Strangstalieu	Janes Strange Town	city: mad 1500, zip: 537/6	Village Madison	(Month) (Day) (Year)	Phone
4. 01 1/1/1	Dill &	Street: 1122Ellen Auc	□ Town	12/2/2011	Email
PaterHNelezen	Osta Melyer	city: MADISON zip: 537/6	Village WADISON	// 26/20_// (Month) (Day) (Year)	Phone
5.		Street: // S Fellew A (/	□ Town	11/2/201	Email
GANPH MECAIN	Sent Milling	City: M Adi SAN/ Zip: 587/1/	Village Madison	(Month) (Day) (Year)	Phone
6.		street//8 EILEN QUE	□ Town	12/2011	Email
Goleca MEcain	Halla Morain	City: MOUNSON NJ Zip 53716.	Ocity Madison	/(Month) (Day) (Year)	Phone
7.		Street: 1114 Ellen Que	□ Town	/ //2011	Email
Thorpe A Taylor	Therend, Zinh	city: Malicon zip: 537/6	Village Madison	1 /26/20/1 (Month) (Day) (Year)	Phone
8.	0 0	Street: 1024 Buy Ridge Rd	□ Town	14 /24/2011	Email
Carley Lae Barnes	Carley les Bains	city: Madison WI zip: 53716	Village Muelicon	(Month) (Day) (Year)	Phone
9.	1 ~ 1/1/1	Street: 1209 Durkolado	□ Town	11 /- /201	Email
- Sen Dala POP)	Lou Dollar	City: Une desire Zip: 53-116	Village Weblity	(Month) (Day) (Year)	Phone
10.		Street: 1213 RAY Redaced	□ Town	11/12/12011	Email
LARRY W. Hilles	Lw. Hiller.	City: MAD 1401 WT Zip: 53711	Village MADISON	// 25/2011 (Month) (Day) (Year)	Phone
Charles Charles	Certification o		cityofin	4	<del></del>
, Steve Shishoc (Name of Circul		fy): I reside at 1217 Ellen Ave.	Mad	150n	Circu
personally circulated this recall petition and personally obto	sined each of the cignatures on this namer. I know that #	(Circulator's Residence – Street name and the signers are elector) of the jurisdiction or district represented by the esidences given of support this recall petition. I am aware that falsify	officabaldammanadimelia medila Tharmet	hat a a la manuan ai anad	

(Signature of Circulator)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

<u> </u>	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI		NICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	
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"5 eth Jensen	Sett Jarsen	Street: 1218 E. Mishin City: Madison zip: 53703	Town Village P'City Madison	///6/20/1 (Month) (Day) (Year)	Email Phone
2 Larry Miller	Lary Willey	Street: 1110Ash. sh. n Tol. WE City: Manona zip: 53716	Town Village WONONG	(Month) (Day) (Year)	Email Phone
3. Aniel (aucit)	Buil Eucat	Street: \$ 528 Atuo at 113  City: Zip:	Town Village Marking on	12 2011 (Month) (Day) (Year)	Email Phone
Melva Schmeiser	Udva Schmeize	Street: 5017 Open Wood Way  City: Mulison 71p. 58714	□ Town □ Village  City Malism	12/1/20// (Month) (Day) (Year)	Email Phone
5. Gregory Grobe	The	Street: 3021 Wrington Nag City: Marchisen Zip: 33713	Town Village C tenbus	(Month) (Day) (Year)	Email Phone
5. JEFF MARTIN	Jen martin	Street: 621 CHATHAM TEL  City: VELOUR Zip:WF	ATown Valorian Valorian	(Month) (Day) (Year)	Email
Lorna Goshman	Locule Done	Street: 6909 Pilgrini Rd  City: Madison Zip: 53711	Town Village Hadison	(Month) (Day) (Year)	Phone
8. MBRK ZIMMER	elfu forman	Street: 7405 Lindemann TRL  City: Madison zip: 53719	□ Town □ Village 以City Man 15cm	/2/2/20_11 (Month) (Day) (Year)	Email Phone
Julie Zimmer	apin	Street: 7405 Lindewann Trl.  City: Madison Zip: 5379	Town Village Wadison	12/9/2011 (Month) (Day) (Year)	Email Phone
Judith Heil	udut 2 Seil	Street: 7023 HAUGNSWOOD DR  City: MADISON Zip: 53718	Town Uvillage City MADISON	12/10/20_11 (Month) (Day) (Year)	Phone
KATE NOZAN	Certification o	of Circulator fy): I reside at 5700 TECCUSEH ;	AUE MONON.	A W	

Julie Zirrira	9000	city: Madison	zip: 53719	City	Wadroom	(Month) (Day) (Year)
10.		Street: 7023 HAUGNS	WOOD DR	☐ Town ☐ Village		12/10/20/11
Jud 1th Hey	judent & Hert	City: MADIS ON	zip: 53718	SCity √	MADISON	(Month) (Day) (Year)
	Certificatio	on of Circulator			. 1	,
I, KATE NOZAU	<b>7</b> 	certify): I reside at <u>5700</u> TE	CONSEH ,	AUG	MONONI	4. W
(Name of Circu			idence – Street name and		(Circulator M	
I personally circulated this recall petition and personally ob	tained each of the signatures on this paper. I know the	hat the signers are electors of the jurisdiction	or district represented by the	officeholder	named in this petition. I know th	at each person signed
the paper with full knowledge of its content on the date ind	icated opposite his or her name. Lisnow their respect	tive residences given. I support this recall petit	tion. I am aware that falsify:	ng this certific	cation is punishable under S.12.1	.3(3)(a), Wis. Stats.
$\frac{1}{\text{(Month)}} / \frac{1}{\text{(Day)}} / \frac{20}{\text{(Year)}}$	2 1100/10	(Signature of Circulator)	,		Page No. (0)	fficial Use Only)
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